1371283



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Num	ber:	3235-0076		
Expires:	Jun	e 30,2008		
Estimated average burden				
hours per l				

SEC USE ONLY				
Prefix	Serial			
DATE RE	CEIVED			
	1			

CINITORIA ERIATIED OFFERING EXEM	111011		
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	0-		
	<u> </u>		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing X Amendment	Mail Processing Section		
A. BASIC IDENTIFICATION DATA	JUN 2 4 2000		
. Enter the information requested about the issuer	1		
The Reserve Enhanced Cash Strategies Portfolio, LLC	Washington, DC		
ddress of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
1250 Broadway, 32nd Floor, New York, NY 10001	(212) 401-5500		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)		
rief Description of Business			
Private Investment Company	SSEI 2008 REUTI		
	please specify): ed Liability Company mated ::		
Month Year	O z 		
urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated		
ENERAL INSTRUCTIONS			
ederal: //ho Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (7d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.		
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be thich it is due, on the date it was mailed by United States registered or certified mail to that address.			
There To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.		
opies Required: Five (5) copies of this notice must be fifed with the SEC, one of which must be manuall hotocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be		
nformation Required: A new filing must contain all information requested. Amendments need only reportered, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.			
iling Fee: There is no federal filing fee.			
tate: his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale in the LoE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sale to be, or have been made. It a state requires the payment of a fee as a precondition to the claim for company this form. This notice shall be filed in the appropriate states in accordance with state law, his notice and must be completed.	Securities Administrator in each state where sale or the exemption, a fee in the proper amount sha		
1			
ATTENTION ————			

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) tha	t Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last na	me first, i	if individual)			· · ·	
tusiness or Reside	nce Addre	ess (Number and	Street, City, State, Zip Co	ode)	<u></u>	
Check Box(es) tha	t Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last na	me first, i	if individual)				
Business or Reside	nce Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) tha	t Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last na	ime first, i	if individual)	-,			
Business or Reside	ncc Addre	ess (Number and	Street, City. State, Zip Co	ode)		· ·
Check Box(es) tha	l Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last n	ıme first, i	f individual)		***************************************		And the state of t
Business or Reside	nce Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that	t Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last na	ırne first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			•
Business or Reside	nce Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that	Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last na	me first, i	f individual)				
Business or Reside	nce Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) tha	Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last na	me first, i	f individual)				-
Business or Reside	nce Addre	ss (Number and	Street, City, State, Zip Co	ode)		
		(Use bla	nk sheet, or copy and use	additional copies of this sl	heel, as necessary)

•				В. Г	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has t	he issuer sol	d ordoest	he icener i	ntand to se	ell to non-a	ccredited i	invectors i	this offer	ina?		Yes	No E
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Ø				
Answer also in Appendix, Column 2, it ming under OLOE. 2. What is the minimum investment that will be accepted from any individual?							\$ 20,00	00,000.00				
2. That is the distribution that will be accepted from any mornings.							Yes	No				
3. Does	the offering	permit join	t ownershi	ip of a sing	gle unit?		•••••					
comn If a po or sta	the informanission or simerson to be listers, list the naker or dealer	ilar remune sted is an as ame of the b	eration for a sociated pe proker or de	solicitation erson or age ealer. If me	of purchasent of a brok ore than five	ers in conn cer or deale c (5) perso	ection with or registered ns to be list	sales of se d with the S led are asso	curities in t SEC and/or	he offering with a stat	ļ. e	
Full Name	e (Last name	first, if ind	ividual)									
Business	or Residence	Address (N	lumber and	d Street, C	ity. State. 2	(in Code)						
		(1			,,, _	.,,,,						
Name of A	Associated B	roker or De	aler									
States in V	Which Persor	1 Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						·
	ck "All State								,		A1	l States
AL	AK	ΑŻ	AR	CA	CO	[CT]	DE	DC	(FL)	(GA)	HI	ΙĐ
IL)	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	[TX]	UT	VT	VA	WA	WV	WI	WY	PR
	!											
Full Name	(Last name	first, if ind	ividual)						-		-	
	c (Last name			d Street. C	City, State, 2	Zip Code)					-	
Business	or Residence	: Address (1	Number an	d Street. C	City, State, 2	Zip Code)			-			
Business		: Address (1	Number an	d Street. C	City, State, i	Zip Code)					-	
Business Name of A	or Residence	Address (1	Number an						-			
Business Name of A	or Residence	e Address (1 roker or De	Number an aler s Solicited	or Intends	to Solicit	Purchasers			-			l States
Business Name of A States in V (Chec	or Residence Associated Br Which Persor ck "All States	e Address (1 roker or De a Listed Has	Number an aler s Solicited individual	or Intends	to Solicit	Purchasers	***************************************					
Business Name of A States in V (Chec	or Residence Associated Bi	e Address (1 roker or De a Listed Has	Number an aler s Solicited individual	or Intends	to Solicit	Purchasers	***************************************		FL MI	GA MN	AI HII MS	1 States ID MO
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Business Name of A States in V (Chec AL IL MT RI Full Name	Associated Branch Which Person ck "All States IN NE SC	Address (1) roker or De Listed Has or or check AZ NV SD first, if indi	Number an aler s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HII MS OR	ID MO PA
Business Name of A States in V (Chec AL IL MT RI Full Name	or Residence Associated Br Which Persor ck "All States IN NE SC	Address (1) roker or De Listed Has or or check AZ NV SD first, if indi	Number an aler s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HII MS OR	ID MO PA
Business Name of A States in V (Check AL MT) RI Full Name Business	Associated Branch Which Person ck "All States IN NE SC	Address (1) Toker or De Listed Hases or check AZ NV SD first, if indicates (1)	Number an aler S Solicited individual KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HII MS OR	ID MO PA
Business Name of A States in V (Chec AL IL MT) RI Full Name Business	Associated Branch Associated Branch Akl States AK NE SC (Last name or Residence Associated Branch Br	Address (1) Toker or De Listed Has Toker or check AZ IA NV SD first, if indi	Number an aler S Solicited individual AR KS NH TN ividual) Number an aler	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HII MS OR	ID MO PA
Business Name of A States in V (Check AL IIL MT RI Full Name Business Name of A States in V	or Residence Associated Br Which Persor ck "All States IN NE SC : (Last name	Address (1) Toker or De Listed Has Toker or check AZ NV SD first, if indicates (1) Toker or De	Number an aler S Solicited individual KS NH TN ividual) Number an aler S Solicited	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI) MS OR WY	ID MO PA
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Business Name of A States in V (Check AL IIL MT RI Full Name Business Name of A States in V	or Residence Associated Br Which Persor ck "All States IN NE SC c (Last name or Residence	Address (1) Toker or De Listed Has Toker or check AZ NV SD first, if indicates (1) Toker or De	Number an aler S Solicited individual KS NH TN ividual) Number an aler S Solicited	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI) MS OR WY	ID MO PA PR
Business Name of A States in V (Check AL IL MT) RI Full Name Business Name of A States in V	Associated Brownick "All States or Residence associated Brownick" AK IN	Address (1) Toker or De Listed Has Toker or check AZ NV SD first, if indi Address (1) Toker or De: Listed Has	Number an aler S Solicited individual AR KS NH TN ividual) Number an aler S Solicited individual	or Intends States) CA KY NJ TX d Street, Co or Intends States)	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exc	hanged.		
	Type o	 f Security	Aggregate Offering Price	Amount Already Sold
			-	
		1		
	Equity		·	_ ⊅ <u></u>
	Conver	tible Securities (including warrants)	.	•
		ship Interests		
		Specify)		
		Total		
		Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and	umber of accredited and non-accredited investors who have purchased securities in this the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate of persons who have purchased securities and the aggregate dollar amount of their in the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
			Number Investors	Dollar Amount of Purchases
		ited Investors		
		credited Investors		_
		Total (for filings under Rule 504 only)		\$_0.00
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.	sold by the	is for an offering under Rule 504 or 505, enter the information requested for all securities issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Туре с	f Offering	Type of Security	Dollar Amount Sold
	Rule 5	05		. \$
	Regula	tion A		\$
	Rule 5	04		
	To	tal		\$_0.00
4	securities in The information	h a statement of all expenses in connection with the issuance and distribution of the this offering. Exclude amounts relating solely to organization expenses of the insurer, ation may be given as subject to future contingencies. If the amount of an expenditure is furnish an estimate and check the box to the left of the estimate.		
	Transf	er Agent's Fees		\$
	Printin	g and Engraving Costs		s
	Legal l	Fees		\$ 30,000.00
	Accou	nting Fees		\$
	Engine	ering Fees		\$
	Sales (Commissions (specify finders' fees separately)		\$
	Other	Expenses (identify)		\$
	Te	otal		s_30,000.00

5.	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer." ————————————————————————————————————	s r	\$ 255,684,000.00
	each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gros proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
		Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	. 🔲 \$	_ 🗆 \$
	Purchase of real estate	. 🔲 💲	_ 🗆 \$
	Purchase, rental or leasing and installation of machinery		
	and equipment	_	
	Construction or leasing of plant buildings and facilities	. [] \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	. 🔲 S	_ 🗆 \$
	Repayment of indebtedness	S	\$
	Working capital	. 🔲 \$	\$
	Other (specify):	<u></u> \$	_ 🗆 \$
		.□\$	□\$
	Column Totals		
	Total Payments Listed (column totals added)		0.00
	D. FEDERAL SICNATURE		
sigi the	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this noti nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm information furnished by the issuer to any non-accredited investor indicates to paragraph (b)(2) of	ission, upon writt Rule 502.	ule 505, the followin en request of its staf
	uer (Print or Type) Signature	Date	
	eserve Enhanced Cash Strategies Portfolio, LLC	06/ /2008	
	me of Signer (Print or Type) Title of Signer (Print or Type) ce R. Bent/ cerve Enhanced Gash Strategies Management Company, LLC CEO of Managing Member		
Na	ce R. Bent/ erve Enhanced Gash Strategies Management Company, LLC CEO of Managing Member		

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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)